


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company ALLIED INTERNATIONAL TRUCK SALES, L.C. 7750 N.W. 52ND STREET MIAMI FL 33166		DOCUMENT # L95000000276	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip	
3. Date Organized or Qualified 04/01/1995		3a. State of Formation FL	
4. FEI Number 65-0645871		5. Date of Last Report 05/05/1997	
6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		7. Name and Address of Current Registered Agent FREEMAN, PAUL H 9100 S. DADELAND BLVD. SUITE 1406 MIAMI FL 33156	
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DRIVE Suite, Apt. #, etc. 1200 City MIAMI Zip Code FL 33131		9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.	
SIGNATURE _____ (Registered Agent Accepting Appointment)		DATE _____ (NOTE: Registered Agent signature required when reinstating)	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGM	HOROWITZ, HAROLD	7750 N.W. 52ND ST.	MIAMI FL
MGM	MARTINEZ, NELSON	7750 N.W. 52ND ST.	MIAMI FL
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		2/25/98 305-591-3300 Date Daytime Phone #	